MARYLAND 7060

STATE DEPARTMETT OF HEALTH

07037

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Amerski
4. DATE OF DEATH (Month) July (Day) 22 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 30, 1906
9. AGE last birthday 47 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vending Machine
10b. KIND OF BUSINESS OR INDUSTRY Mechanic
11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Stanley Amerski
14. MOTHER'S MAIDEN NAME Casimina Giwe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World #2
16. SOCIAL SECURITY NO. 394-07-4010
17. INFORMANT AND ADDRESS Mrs Hildah Amerski Ocean City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Cancer of splenic flexure of colon — INTERVAL BETWEEN ONSET AND DEATH 4 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1954
19b. MAJOR FINDINGS OF OPERATION Cancer of splenic flexure of colon with much metastasis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1954, to July 22, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 10A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Ocean City Md. DATE SIGNED July 23, 54.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-26-54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin, Md. (State)

DATE REC'D BY LOCAL REG. 7-26-54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Peter Whaley Silbyville Del. ADDRESS

RECEIVED
JUL 28 1954
BUREAU V. S.

07038

7052

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42 LENGTH OF STAY (in this place) Most of his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City, Md 42
STREET ADDRESS (If rural give location) No 4 – 6th St.

3. NAME OF DECEASED: (Type or Print) (First) Major (Middle) Sunrise (Last) Bailey
4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: July 19th – 1855
9. AGE last birthday 99 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10B. KIND OF BUSINESS OR INDUSTRY: African M.E. Church
11. BIRTHPLACE (State or foreign country): Worcester Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: G. Bailey
14. MOTHER'S MAIDEN NAME: Sophia Costen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Josephine Bailey – Pocomoke City Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

794 IMMEDIATE CAUSE (A) Semi Starvation & Dehydration — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

ANTECEDENT CAUSE (S) DUE TO (B) Senility

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Fall 1950, to July, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 4:35 A. M, from the causes and on the date stated above.

SIGNATURE N. E. Sartorius M.D. ADDRESS Pocomoke City Md DATE SIGNED July 24th 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7-29-54
NAME OF CEMETERY OR CREMATORY Hall Hill cem
LOCATION (City, town, or county) (State) Pocomoke, Md

DATE REC'D BY LOCAL REGISTRAR July 30, 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church Va.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Wayne Bentley

RECEIVED
AUG 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7061

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07039

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague
STREET ADDRESS (If rural, give location) 776 N. Main St.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) James (Last) Brasure

4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 5/20/98

9. AGE last Birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Merchant Marine-Virginia

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob A. Brasure

14. MOTHER'S MAIDEN NAME: Laura A. Savage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 225-18-7789

17. INFORMANT AND ADDRESS: Floyd A. Brasure-Chincoteague, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion acute	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	1 year
	(c) Hypertensive CVD	4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hemipligia 1951	3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. Asst. Deputy Med Examiner ADDRESS Worcester County Ocean City, Maryland DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 19, 1954 — NAME OF CEMETERY OR CREMATORY Andrews — LOCATION (City, town, or county) (State) Chincoteague Va

DATE REC'D BY LOCAL REG. 7-22-54 — REGISTRAR'S SIGNATURE Helen T Hayward

24. FUNERAL DIRECTOR Walter M Clark ADDRESS Chincoteague Va

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7053

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07040

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42; MARYLAND — LENGTH OF STAY (If this place) minutes; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pocomoke River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne; STREET ADDRESS (If rural, give location) RFD #3

3. NAME OF DECEASED (Type or Print): (First) JULIAN (Middle) N. (Last) BRIGHTMAN

4. DATE OF DEATH: (Month) July (Day) 3, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 22 1919

9. AGE last birthday: 35 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Window Washing

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James N. Brightman

14. MOTHER'S MAIDEN NAME: Mannie Muellar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war, or dates of service) None

16. SOCIAL SECURITY NO. 372-12-4202

17. INFORMANT AND ADDRESS: Mrs. James N. Brightman

18. MEDICAL CERTIFICATION — Princess Anne, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) accidental drowning — Interval between onset and death: Short

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Drinking Party

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pocomoke River (CITY OR TOWN) Rural Pocomoke (COUNTY) Worcester (STATE) Md

TIME OF INJURY (Month) 7 (Day) 3 (Year) (Hour) 10:45 A m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Fell into deep water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H. E. Bartrum MD ADDRESS Pocomoke City Md DATE SIGNED 7/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/6/54 | NAME OF CEMETERY OR CREMATORY St. Andrews Episcopal | LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REG. July 6, 1954 | REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR James Hinman, ADDRESS Princess Anne, Md.

RECEIVED
JUL 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07041

7054 **CERTIFICATE OF DEATH** Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City 42 LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 42 Pocomoke City Md
STREET ADDRESS (If rural give location) No 7 Fourth St.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Emma (Last) Cottman
4. DATE OF DEATH: (Month) (Day) (Year) July 3 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb 29th 1868
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Wattsville Va
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME: Wm Francis Colbourne
14. MOTHER'S MAIDEN NAME: Martha Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Lavinia Wright (Sister)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
IMMEDIATE CAUSE (A) Intestinal Cancer
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. age

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Winter 19 5 to July 3rd 1954, that I last saw the deceased alive on July 2 1954 and that death occurred at 3 P M, from the causes and on the date stated above.
SIGNATURE W. C. Sartorius M.D. ADDRESS Pocomoke City Md DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 7-9-54
NAME OF CEMETERY OR CREMATORY: Green Long cem.
LOCATION (City, town, or county) (State): Chester, Pa.

DATE REC'D BY LOCAL REGISTRAR: July 6, 1954
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR: Edgar Wharton
ADDRESS: Newchurch Va

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 8 1954
BUREAU V. S.

7062

07042

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. WC

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Charles & 34th Sts.

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) M. (Last) HENSEN

4. DATE OF DEATH (Month) JULY (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Mar. 6, 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) physician

10b. KIND OF BUSINESS OR INDUSTRY: medical

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August C. Hensen

14. MOTHER'S MAIDEN NAME: Lillian V.Huber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 - (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Mervin A. Hensen-540 Beaumont Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ocean

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 1

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F Guerin M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 7/21/54

NAME OF CEMETERY OR CREMATORY Green Mount Crematory

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 7-19-54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Wm. J. Pickner & Sons

ADDRESS Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07043

7055 **CERTIFICATE OF DEATH** Reg. Dist. No. 350

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) T. (Last) HINMAN

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 27, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hinman

14. MOTHER'S MAIDEN NAME: Mary V. Wessels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Lettie G. Hinman, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 Weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis, generalized — years

(C) Hypertension - Cardio-Vas cular disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. , 1949, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE Charles W. Trader, AB., M.D. ADDRESS Pocomoke City, Md DATE SIGNED July 20, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/22/54 — NAME OF CEMETERY OR CREMATORY Nelson Cemetery — LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR July 22, 1954 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry H. Watson — ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUL 26 1954
BUREAU V. S.

7063 07044

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Public Landing
LENGTH OF STAY (In this place): 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sinipuxent Bay

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) CHESTER (Last) HOLLAND

4. DATE OF DEATH (Month) (Day) (Year) July 26, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	Sept 15 1938	15 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School	School	Maryland	USA

13. FATHER'S NAME: Chester D. Holland

14. MOTHER'S MAIDEN NAME: Evelyn Pilchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	none	Mrs. Evelyn P. Holland, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lightning DUE TO	Instantaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Thunder Storm DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Was wading Clams

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Bay	Worcester Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☑ Not while at work ☐	21f. HOW DID INJURY OCCUR?
7/26/1954 12 M.		In water wading Clams in a Storm

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: M. Bartozisi M.D. — Attended Examined — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED: 7/26/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/54	Goodwill ME Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 28, 1954	Anne E. White	Henry H. Watson, Pocomoke, Md.	

07045

MARYLAND 7064

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore MD.
STREET ADDRESS (If rural, give location) 3823 Beach Ave.

3. NAME OF DECEASED (Type or Print): (First) WARREN (Middle) WILLIAM (Last) LAIRD

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH Nov. 5, 1891

9. AGE last birthday 62 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Dealer

10b. KIND OF BUSINESS OR INDUSTRY Pontiac Agency

11. BIRTHPLACE (State or foreign country) Princess Anne Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Laird

14. MOTHER'S MAIDEN NAME Nellie Paris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Dorothy Russell Mrs. 3823 Beach Ave Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 8 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 July, 1954, to 24 July, 1954, that I last saw the deceased alive on 24 July, 1954, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Thomas M.D. ADDRESS Greenbelt DATE SIGNED 30 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE 8/3/1954 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) (State) Baltimore MD

DATE REC'D BY LOCAL REG. 7-30-54 | REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR James A. Burbage ADDRESS Berlin Md

RECEIVED
AUG 2 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07045

7056 CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 709 Market St. ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 709 Market St.

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) - (Last) McDANIEL
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH. July 7, 1876
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William H. McDaniel
14. MOTHER'S MAIDEN NAME: Elizabeth M. Justice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Honora V. McDaniel, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis (3rd attack) — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S) DUE TO (B) Atherosclerosis of Coronary Arteries — 8 to 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis Generalized, Severe — 8-10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardio-Vascular Disease with congestive failure — 8-10 years more

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Dec., 19 49, to 25 July, 19 54, that I last saw the deceased alive on 25 July, 19 54, and that death occurred at 7:15 P. M. from the causes and on the date stated above.

SIGNATURE N. P. Bartoma, Jr. M. D. ADDRESS Pocomoke, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/28/54
NAME OF CEMETERY OR CREMATORY Salem ME Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR July 28, 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

RECEIVED
JUL
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07047

CERTIFICATE OF DEATH

Reg. Dist. No. 350

7057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke 4½
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 709 Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural, give location): 709 Market St.

3. NAME OF DECEASED: (Type or Print) (First) ELON (Middle) W. (Last) MILLS

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 19, 1867

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Littleton P. Mills

14. MOTHER'S MAIDEN NAME: Elizabeth T. Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mary E. Mills, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Senility — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 54 to July 6, 54, that I last saw the deceased alive on July 5, 54 and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE H. H. Watson MD (DEGREE OR TITLE) Pocomoke City Md (ADDRESS) DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/8/54

NAME OF CEMETERY OR CREMATORY: Salem, Methodist

LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: July 8. 1954

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
JUL 12 1954
BUREAU V. S.

7065

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07048

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin (RFD) — LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	James	Purnell	July	11	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 25, 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Egg Farm	Berlin, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Purnell	Amelia Joines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes - War I	213-05-0755	Mrs. Clarence Purnell Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — 2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Bay (Sinepuxent)	Berlin	Worcester Co.	Maryland

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY Ooccur?
July	11	54	?			?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Herman A. Robbins M.D	Berlin, Maryland	July 15, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 13, 1954	St Pauls	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-19-54	Helen T Hayward	Prince A Bunting	Berlin Md

RECEIVED
JUL 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07049

CERTIFICATE OF DEATH

7066

Reg. Dist. No. 3 55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Berlin X
LENGTH OF STAY (in this place): Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Route # 2 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berlin X
STREET ADDRESS (If rural give location): Route # 2

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Lou (Last) Purnell

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: About 1880

9. AGE last birthday: About 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Powell

14. MOTHER'S MAIDEN NAME: Hennie Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mary H. Harmon, Berlin, Md., Rt. # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Chr. Nephritis

(c)

Interval Between Onset And Death: 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1954, to July 28, 1954, that I last saw the deceased alive on 7-28-, 1954, and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. R. Law — ADDRESS: Berlin — DATE SIGNED: July 31-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-31-'54 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county): Berlin, Worcester Co., (State) Md.

DATE REC'D BY LOCAL REGISTRAR: 7-31-54 — REGISTRAR'S SIGNATURE: Helen J Hayward

24. FUNERAL DIRECTOR — ADDRESS: Mary A. Stewart, 314 E. Church St.

STEWART FUNERAL HOME Salisbury, Md.

RECEIVED
AUG 3 1954
BUREAU V. S.

07050

MARYLAND 7067

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 3 55

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City X
MARYLAND
LENGTH OF STAY (in this place) 35 yrs 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WORCESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City X
STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print) (First) ARALANTA (Middle) REBECCA (Last) RAYNE

4. DATE OF DEATH (Month) JULY (Day) 21 (Year) 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH APRIL 27, 1868

9. AGE last birthday 86 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) BERLIN, MD R.F.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LEVIN LYNCH

14. MOTHER'S MAIDEN NAME SARAH COFFIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) N.C.

16. SOCIAL SECURITY No. NO

17. INFORMANT AND ADDRESS MR. EDGAR RAYNE OCEAN CITY MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary sclerotic Cardio-vasc-renal disease — Interval between onset and death: 8 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to July 21, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 2:15A m., from the causes and on the date stated above.

SIGNATURE W. D. Thomas (Degree or title) M.D. ADDRESS Ocean City, Md DATE SIGNED July 22 54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE July 23 1954

NAME OF CEMETERY OR CREMATORY EVERGREEN

LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REG. 7-22-54

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Emma D. Burbage ADDRESS Berlin Md

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07051

7058 CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
MARYLAND LENGTH OF STAY (in this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Winter Quarters Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 3 Winter Quarters Dr.

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) L. (Last) ROBERTSON

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept 22 1877

9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: H. Oscar Kerns

14. MOTHER'S MAIDEN NAME: Julia T. Trevilian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: R. Harlan Robertson, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) DUE TO Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerosis, Generalized Several years

(c)

Interval Between Onset And Death minutes

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1942 to 10 July, 1954, that I last saw the deceased alive on 4 June, 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Norman E. Sartorius Jr. M.D. Pocomoke, Md 13 July 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 13 '54
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR July 13, 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson
ADDRESS Pocomoke, Md.

VS. A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 15 1954
BUREAU V. S.

07052

MARYLAND 7068 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill X — LENGTH OF STAY (in this place): 2 mo 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Larry (Middle) Larue (Last) Robertson

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 19-1954

9. AGE last birthday: yrs. — If under 1 year: Months 2, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Snow Hill, md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry James Dukes

14. MOTHER'S MAIDEN NAME: Ruth Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Ruth Robertson, Snow Hill, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Enteritis — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1954, to July 23, 1954, that I last saw the deceased alive on July 23, 1954 and that death occurred at 6:00 A m., from the causes and on the date stated above.

SIGNATURE: Ben R. La Mar (Degree or title) MD — ADDRESS: Snow Hill — DATE SIGNED: 7/23/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 24/54 — NAME OF CEMETERY OR CREMATORY: Ebenezer — LOCATION (City, town, or county): Snow Hill, md (State)

DATE REC'D BY LOCAL REG.: July 24 — REGISTRAR'S SIGNATURE: Bruyn E. Cooper — 24. FUNERAL DIRECTOR: Alay E. Timmins, Snow Hill, md — ADDRESS

MARGIN RESERVED FOR BINDING

1

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07053

7069

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin X

LENGTH OF STAY (in this place) Most of life

HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Branch Street X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Berlin

STREET ADDRESS (If rural give location) Branch Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Dale (Last) Smack

4. DATE OF DEATH: (Month) 7 - (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-22-1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 0 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: For Concessionist

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Smack 2X9-05-3958

14. MOTHER'S MAIDEN NAME: Maggie Robins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 219-05-3958

17. INFORMANT & ADDRESS: Mrs. Rosa Smack, Branch St. Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach — Interval Between Onset And Death 15 MOS.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1953

19b. MAJOR FINDINGS OF OPERATION: Ca of stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1953, to July 11th, 1954, that I last saw the deceased alive on 11 July, 1954, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Nathaniel L. Thomas MD ADDRESS Ocean City, Md DATE SIGNED 12 July 54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 7-15-'54 NAME OF CEMETERY OR CREMATORY Evergreen Cemetery LOCATION (City, town, or county) (State) Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR 7-15-54 REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Mary A. Stewart ADDRESS 324 E. Church St., Salisbury, Md.

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07054

7059

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Oxford St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 114 Oxford St.

3. NAME OF DECEASED (Type or Print): (First) MARVIN (Middle) B. (Last) TAYLOR

4. DATE OF DEATH (Month) July (Day) 23, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec 2, 1953

9. AGE last birthday: No yrs. 7 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Taylor

14. MOTHER'S MAIDEN NAME: Blanche Farrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George W. Taylor, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probably Meningitis — Interval Between Onset and Death: 2 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-Pneumonia — Interval Between Onset and Death: Very

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patty degeneration of Liver

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, ~~Inquiry~~ ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, ~~accident~~ ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Carlton Hill (Degree or title) Licensed Physician ADDRESS Pocomoke City Md DATE SIGNED 9/24/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 7/25/54 | NAME OF CEMETERY OR CREMATORY: Methodist Cemetery | LOCATION (City, town, or county) (State): Elizabeth City, N. C.

DATE REC'D BY LOCAL REG. July 24, 1954 | REGISTRAR'S SIGNATURE Anne E. Fiete

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
JUL 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07055

7070

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville X | LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Whaleyville (Rural)
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (First) Mary (Middle) (Last) Tindley
4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 7-17-54
9. AGE last birthday: Infant yrs. IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 45 IF UNDER 24 HRS.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Whaleyville
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James H. Purnell
14. MOTHER'S MAIDEN NAME: Mildred Victoria Tindley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mildred V. Tindley, Newark, Md (Rural)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
Immediate cause (a) Ectopic abdominal viscera — new born — 45 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)
756.2

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ 7:15, 1954 to 7/17, 1954, that I last saw the deceased alive on 7/17, 1954, and that death occurred at 7:15 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Ivory M. Seeley, Jr. M.D | ADDRESS Flower St, Berlin, Md | DATE SIGNED 7/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 7-18-54 | NAME OF CEMETERY OR CREMATORY Williams Cemetery | LOCATION (City, town, or county) (State) Newark, Md
DATE REC'D BY LOCAL REGISTRAR 7-20-54 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL DIRECTOR ADDRESS J.F. STEWART FUNERAL HOME
Mary A. Stewart 324 E. Church St Salisbury, Md.

4074202404

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1071 07056

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH.
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Snow Hill, Md.
STREET ADDRESS (If rural give location) R.F.D. 2. # 5-2

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) T. (Last) Tull

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Nov. 14, 1879 | 9. AGE last birthday 74 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Tull | 14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Cachexia and emaciation — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Senility & Arteriosclerosis — 10 yrs
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Vascular Accident. — 1 yr

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1954 to July 2, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 3 P. M, from the causes and on the date stated above.
SIGNATURE Robert L. LeMar M. D. ADDRESS Snow Hill DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-5-54 | NAME OF CEMETERY OR CREMATORY Wattsville | LOCATION (City, town, or county) (State) Wattsville Va.

DATE RECD BY LOCAL REGISTRAR July 7, 54 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | 24. FUNERAL DIRECTOR Edgar Wharton ADDRESS New Church, Va.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
JUL 12 1954
BUREAU V. S.